

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	0	8		14998.54
Y	Y	Y	Y							
2	0	0	8							
(b) Cash on Hand at Beginning of Reporting Period	599.25									
(c) Total Receipts (from Line 19)	16330.99	43131.70								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16930.24	58130.24								
7. Total Disbursements (from Line 31)	15000.00	56200.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1930.24	1930.24								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00									

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
MEDICAL FACILITIES OF AMERICA INC PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	8

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	0	8

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	14308.88	38290.36
(i) Itemized (use Schedule A)		
(ii) Unitemized	2022.11	4841.34
(iii) TOTAL (add Lines 11(a)(i) and (ii)	16330.99	43131.70
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	16330.99	43131.70
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	16330.99	43131.70
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	16330.99	43131.70

DETAILED SUMMARY PAGE

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	56200.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	15000.00	56200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15000.00	56200.00

DETAILED SUMMARY PAGE
of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3	16330.99	43131.70
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	16330.99	43131.70
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

<p>A. Full Name (Last, First, Middle Initial) Leslie Allgood</p> <p>Mailing Address 450 Piney Forest Rd</p> <hr/> <p>City State Zip Code Danville VA 24540</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Piney Forest Healthcare Ctr. Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>	<p>Date of Receipt 07 / 16 / 2008</p> <p>Transaction ID: SA11AI.4901</p> <p>Amount of Each Receipt this Period 50.00</p> <p>individual contribution</p>
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<p>B. Full Name (Last, First, Middle Initial) Greg Ashley</p> <p>Mailing Address 907 East Princess Anne Rd</p> <hr/> <p>City State Zip Code Norfolk VA 23504</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Norfolk Healthcare Center Occupation Administrator</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 325.00</p>	<p>Date of Receipt 07 / 16 / 2008</p> <p>Transaction ID: SA11AI.4882</p> <p>Amount of Each Receipt this Period 25.00</p> <p>individual contribution</p>
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<p>C. Full Name (Last, First, Middle Initial) Cindy Barnette</p> <p>Mailing Address 2917 Penn Forest Blvd.</p> <hr/> <p>City State Zip Code Roanoke VA 24018</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Medical Facilities of America Occupation Vice President of Clinical Services</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 500.00</p>	<p>Date of Receipt 09 / 11 / 2008</p> <p>Transaction ID: SA11AI.4873</p> <p>Amount of Each Receipt this Period 500.00</p> <p>individual contribution</p>
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SUBTOTAL of Receipts This Page (optional)	575.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.	Full Name (Last, First, Middle Initial) Kristin Dehr	Date of Receipt MM / DD / YYYY 09 / 17 / 2008
	Mailing Address 2917 Penn Forest Blvd.	Transaction ID: SA11AI.4898
	City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	individual contribution
Name of Employer Medical Facilities of America	Occupation Director of Dietary Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

B.	Full Name (Last, First, Middle Initial) Kurt Dullnig	Date of Receipt MM / DD / YYYY 09 / 16 / 2008
	Mailing Address 2917 Penn Forest Boulevard	Transaction ID: SA11AI.4900
	City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	individual contribution
Name of Employer Medical Facilities of America	Occupation VP of Census Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1700.00	

C.	Full Name (Last, First, Middle Initial) William Fralin, Jr.	Date of Receipt MM / DD / YYYY 07 / 03 / 2008
	Mailing Address P.O. Box 20487	Transaction ID: SA11AI.4944
	City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 2000.00
	FEC ID number of contributing federal political committee. C	individual contribution
Name of Employer Medical Facilities of America	Occupation EVP	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

SUBTOTAL of Receipts This Page (optional)	▶	3000.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.	Full Name (Last, First, Middle Initial) William Fralin, Jr.		Date of Receipt M M / D D / Y Y Y Y 09 / 17 / 2008		
	Mailing Address P.O. Box 20487		Transaction ID: SA11AI.4945		
	City Roanoke	State VA	Zip Code 24018	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C		individual contribution		
	Name of Employer Medical Facilities of America	Occupation EVP	Aggregate Year-to-Date 3000.00		

B.	Full Name (Last, First, Middle Initial) Patsy Hobson		Date of Receipt M M / D D / Y Y Y Y 07 / 16 / 2008		
	Mailing Address 131 Lowland Drive		Transaction ID: SA11AI.4924		
	City Martinsville	State VA	Zip Code 24112	Amount of Each Receipt this Period 250.00	
	FEC ID number of contributing federal political committee. C		individual contribution		
	Name of Employer Stanleytown Healthcare Center	Occupation Adminstrator	Aggregate Year-to-Date 500.00		

C.	Full Name (Last, First, Middle Initial) Loren Kessinger		Date of Receipt M M / D D / Y Y Y Y 08 / 29 / 2008		
	Mailing Address 2344 Riverside Drive		Transaction ID: SA11AI.4908		
	City Danville	State VA	Zip Code 24540	Amount of Each Receipt this Period 100.00	
	FEC ID number of contributing federal political committee. C		individual contribution		
	Name of Employer Riverside Healthcare Center	Occupation Administrator	Aggregate Year-to-Date 300.00		

SUBTOTAL of Receipts This Page (optional)	▶	1350.00
TOTAL This Period (last page this line number only)	▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.

Full Name (Last, First, Middle Initial) Loren Kessinger		Date of Receipt MM / DD / YYYY 09 / 19 / 2008
Mailing Address 2344 Riverside Drive		Transaction ID: SA11AI.4909
City Danville	State VA	Zip Code 24540
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Riverside Healthcare Center	Occupation Administrator	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

B.

Full Name (Last, First, Middle Initial) Carol Kroboth		Date of Receipt MM / DD / YYYY 09 / 09 / 2008
Mailing Address 2917 Penn Forest Blvd.		Transaction ID: SA11AI.4861
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Medical Facilities of America	Occupation VP of Reimbursement	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 650.00	

C.

Full Name (Last, First, Middle Initial) Carol Kroboth		Date of Receipt MM / DD / YYYY 09 / 19 / 2008
Mailing Address 2917 Penn Forest Blvd.		Transaction ID: SA11AI.4862
City Roanoke	State VA	Zip Code 24018
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 20.00
Name of Employer Medical Facilities of America	Occupation VP of Reimbursement	individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 670.00	

SUBTOTAL of Receipts This Page (optional)	620.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.	Full Name (Last, First, Middle Initial) Tim Marshall	Date of Receipt MM / DD / YYYY 07 / 16 / 2008
	Mailing Address 2917 Penn Forest Blvd	Transaction ID: SA11AI.4932
	City State Zip Code Roanoke VA 23228	Amount of Each Receipt this Period 40.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Medical Facilities of America Occupation: VP of Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 280.00	

B.	Full Name (Last, First, Middle Initial) Tim Marshall	Date of Receipt MM / DD / YYYY 08 / 06 / 2008
	Mailing Address 2917 Penn Forest Blvd	Transaction ID: SA11AI.4933
	City State Zip Code Roanoke VA 23228	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Medical Facilities of America Occupation: VP of Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 300.00	

C.	Full Name (Last, First, Middle Initial) Tim Marshall	Date of Receipt MM / DD / YYYY 09 / 19 / 2008
	Mailing Address 2917 Penn Forest Blvd	Transaction ID: SA11AI.4934
	City State Zip Code Roanoke VA 23228	Amount of Each Receipt this Period 20.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Medical Facilities of America Occupation: VP of Finance Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 320.00	

SUBTOTAL of Receipts This Page (optional)	80.00
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial)
Novel Martin
Mailing Address 6129 St. Ives Court
City Roanoke State VA Zip Code 24018
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Facilities of America Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1769.16
Date of Receipt MM / DD / YYYY 07 / 16 / 2008
Transaction ID: SA11AI.4920
Amount of Each Receipt this Period 384.62
individual contribution

B. Full Name (Last, First, Middle Initial)
Novel Martin
Mailing Address 6129 St. Ives Court
City Roanoke State VA Zip Code 24018
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Facilities of America Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 1961.47
Date of Receipt MM / DD / YYYY 08 / 06 / 2008
Transaction ID: SA11AI.4921
Amount of Each Receipt this Period 192.31
individual contribution

C. Full Name (Last, First, Middle Initial)
Novel Martin
Mailing Address 6129 St. Ives Court
City Roanoke State VA Zip Code 24018
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Facilities of America Occupation CFO
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 2538.40
Date of Receipt MM / DD / YYYY 09 / 09 / 2008
Transaction ID: SA11AI.4922
Amount of Each Receipt this Period 576.93
individual contribution

SUBTOTAL of Receipts This Page (optional) ► 1153.86
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.	Full Name (Last, First, Middle Initial) Novel Martin	Date of Receipt MM / DD / YYYY 09 / 23 / 2008
	Mailing Address 6129 St. Ives Court	Transaction ID: SA11AI.4923
	City State Zip Code Roanoke VA 24018	Amount of Each Receipt this Period 1500.00
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Medical Facilities of America Occupation: CFO Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4038.40	

B.	Full Name (Last, First, Middle Initial) Brenda Moore	Date of Receipt MM / DD / YYYY 07 / 16 / 2008
	Mailing Address 4241 Kings Court Drive	Transaction ID: SA11AI.4857
	City State Zip Code Roanoke VA 24014	Amount of Each Receipt this Period 384.62
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Medical Facilities of America Occupation: EVP of IS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2692.32	

C.	Full Name (Last, First, Middle Initial) Brenda Moore	Date of Receipt MM / DD / YYYY 08 / 06 / 2008
	Mailing Address 4241 Kings Court Drive	Transaction ID: SA11AI.4858
	City State Zip Code Roanoke VA 24014	Amount of Each Receipt this Period 192.31
	FEC ID number of contributing federal political committee. C	individual contribution
	Name of Employer: Medical Facilities of America Occupation: EVP of IS Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 2884.63	

SUBTOTAL of Receipts This Page (optional)	2076.93
TOTAL This Period (last page this line number only)	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial)
Brenda Moore
 Mailing Address 4241 Kings Court Drive
 City State Zip Code
 Roanoke VA 24014
 Date of Receipt
 M M / D D / Y Y Y Y
 09 09 2008
Transaction ID: SA11AI.4859
 Amount of Each Receipt this Period
 576.93
 individual contribution
 Name of Employer: Medical Facilities of America
 Occupation: EVP of IS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 3461.56

B. Full Name (Last, First, Middle Initial)
Brenda Moore
 Mailing Address 4241 Kings Court Drive
 City State Zip Code
 Roanoke VA 24014
 Date of Receipt
 M M / D D / Y Y Y Y
 09 16 2008
Transaction ID: SA11AI.4860
 Amount of Each Receipt this Period
 1538.44
 individual contribution
 Name of Employer: Medical Facilities of America
 Occupation: EVP of IS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

C. Full Name (Last, First, Middle Initial)
Tom Oneto
 Mailing Address 2917 Penn Forest Blvd
 City State Zip Code
 Roanoke VA 24018
 Date of Receipt
 M M / D D / Y Y Y Y
 09 09 2008
Transaction ID: SA11AI.4942
 Amount of Each Receipt this Period
 75.00
 individual contribution
 Name of Employer: Medical Facilities of America
 Occupation: VP of Physical Plant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼
 250.00

SUBTOTAL of Receipts This Page (optional) ► 2190.37
TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 26
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.

Full Name (Last, First, Middle Initial)
Tom Oneto

Mailing Address 2917 Penn Forest Blvd

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing federal political committee. **C**

Name of Employer Medical Facilities of America
Occupation VP of Physical Plant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 275.00

Date of Receipt 09 / 19 / 2008
Transaction ID: SA11AI.4943
Amount of Each Receipt this Period 25.00
individual contribution

B.

Full Name (Last, First, Middle Initial)
Chad Perkey

Mailing Address 602 Madison Road

City State Zip Code
Culpeper VA 22701

FEC ID number of contributing federal political committee. **C**

Name of Employer Culpeper Health & Rehab. Ctr.
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 07 / 16 / 2008
Transaction ID: SA11AI.4868
Amount of Each Receipt this Period 100.00
individual contribution

C.

Full Name (Last, First, Middle Initial)
Chad Perkey

Mailing Address 602 Madison Road

City State Zip Code
Culpeper VA 22701

FEC ID number of contributing federal political committee. **C**

Name of Employer Culpeper Health & Rehab. Ctr.
Occupation Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 550.00

Date of Receipt 08 / 06 / 2008
Transaction ID: SA11AI.4869
Amount of Each Receipt this Period 50.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ► **175.00**

TOTAL This Period (last page this line number only) ►

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.

Full Name (Last, First, Middle Initial)
Chad Perkey

Mailing Address 602 Madison Road

City State Zip Code
Culpeper VA 22701

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Culpeper Health & Rehab. Administrator
Ctr.

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 2 9 / 2 0 0 8

Transaction ID: SA11AI.4870

Amount of Each Receipt this Period

100.00

individual contribution

B.

Full Name (Last, First, Middle Initial)
Michael Perry

Mailing Address 2917 Penn Forest Boulevard

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medical Facilities of Ame- VP of Operations
rica

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1138.48

Date of Receipt

M M / D D / Y Y Y Y
0 7 / 1 6 / 2 0 0 8

Transaction ID: SA11AI.4910

Amount of Each Receipt this Period

169.24

individual contribution

C.

Full Name (Last, First, Middle Initial)
Michael Perry

Mailing Address 2917 Penn Forest Boulevard

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Medical Facilities of Ame- VP of Operations
rica

Receipt For: Primary General
 Other (specify) ▼ Aggregate Year-to-Date ▼ 1223.10

Date of Receipt

M M / D D / Y Y Y Y
0 8 / 0 6 / 2 0 0 8

Transaction ID: SA11AI.4911

Amount of Each Receipt this Period

84.62

individual contribution

SUBTOTAL of Receipts This Page (optional)

353.86

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.

Full Name (Last, First, Middle Initial)
Michael Perry

Mailing Address 2917 Penn Forest Boulevard

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing federal political committee. **C**

Name of Employer: Medical Facilities of America
Occupation: VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1476.96

Date of Receipt: 09 / 09 / 2008
Transaction ID: SA11AI.4912
 Amount of Each Receipt this Period: 253.86
 individual contribution

B.

Full Name (Last, First, Middle Initial)
Michael Perry

Mailing Address 2917 Penn Forest Boulevard

City State Zip Code
Roanoke VA 24018

FEC ID number of contributing federal political committee. **C**

Name of Employer: Medical Facilities of America
Occupation: VP of Operations

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2176.96

Date of Receipt: 09 / 16 / 2008
Transaction ID: SA11AI.4913
 Amount of Each Receipt this Period: 700.00
 individual contribution

C.

Full Name (Last, First, Middle Initial)
Jennifer Pressman

Mailing Address 2401 Lee Highway

City State Zip Code
Pulaski VA 24301

FEC ID number of contributing federal political committee. **C**

Name of Employer: Pulaski Healthcare Center
Occupation: Administrator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt: 08 / 29 / 2008
Transaction ID: SA11AI.4892
 Amount of Each Receipt this Period: 100.00
 individual contribution

SUBTOTAL of Receipts This Page (optional) ► 1053.86

TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.	Full Name (Last, First, Middle Initial) Jennifer Pressman		Date of Receipt
	Mailing Address 2401 Lee Highway		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 19 / 2008
	City	State	Zip Code
	Pulaski	VA	24301
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4893
Name of Employer Pulaski Healthcare Center		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00	<input type="text"/> 100.00
individual contribution			

B.	Full Name (Last, First, Middle Initial) Sean Pressman		Date of Receipt
	Mailing Address 1945 Roanoke Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 09 / 2008
	City	State	Zip Code
	Salem	VA	24153
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4930
Name of Employer Salem Health and Rehab		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 150.00
individual contribution			

C.	Full Name (Last, First, Middle Initial) Sean Pressman		Date of Receipt
	Mailing Address 1945 Roanoke Blvd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 09 / 29 / 2008
	City	State	Zip Code
	Salem	VA	24153
	FEC ID number of contributing federal political committee. C		Transaction ID: SA11AI.4931
Name of Employer Salem Health and Rehab		Occupation Administrator	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 750.00	<input type="text"/> 400.00
individual contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 650.00
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 / 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.	Full Name (Last, First, Middle Initial) Monique Scholes		Date of Receipt
	Mailing Address PO Box 1310		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Louisa	VA	23093
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Louisa Healthcare Center		Occupation Adminstrator	Transaction ID: SA11AI.4918
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="500.00"/>	<input type="text" value="100.00"/>
individual contribution			

B.	Full Name (Last, First, Middle Initial) James Sparling		Date of Receipt
	Mailing Address PO Box 319		<input type="text" value="09"/> / <input type="text" value="19"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Highland Springs	VA	23075
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Henrico Healthcare Center		Occupation Administrator	Transaction ID: SA11AI.4889
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="220.00"/>	<input type="text" value="40.00"/>
individual contribution			

C.	Full Name (Last, First, Middle Initial) Jackie Wood		Date of Receipt
	Mailing Address 2917 Penn Forest Blvd.		<input type="text" value="07"/> / <input type="text" value="16"/> / <input type="text" value="2008"/>
	City	State	Zip Code
	Roanoke	VA	24018
	FEC ID number of contributing federal political committee.		<input type="text" value="C"/>
Name of Employer Medical Facilities of America		Occupation VP of Program Development	Transaction ID: SA11AI.4883
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	Amount of Each Receipt this Period
		<input type="text" value="450.00"/>	<input type="text" value="100.00"/>
individual contribution			

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="240.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial)
Jackie Wood
Mailing Address 2917 Penn Forest Blvd.
City State Zip Code
Roanoke VA 24018
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Facilities of America
Occupation VP of Program Development
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 500.00
Date of Receipt MM / DD / YYYY
08 / 06 / 2008
Transaction ID: SA11AI.4884
Amount of Each Receipt this Period 50.00
individual contribution

B. Full Name (Last, First, Middle Initial)
Jackie Wood
Mailing Address 2917 Penn Forest Blvd.
City State Zip Code
Roanoke VA 24018
FEC ID number of contributing federal political committee. **C**
Name of Employer Medical Facilities of America
Occupation VP of Program Development
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00
Date of Receipt MM / DD / YYYY
09 / 09 / 2008
Transaction ID: SA11AI.4885
Amount of Each Receipt this Period 150.00
individual contribution

C. Full Name (Last, First, Middle Initial)
Todd Yacovone
Mailing Address 5573 Richmond Road
City State Zip Code
Warsaw VA 22572
FEC ID number of contributing federal political committee. **C**
Name of Employer Warsaw Healthcare Center
Occupation Administrator
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 390.00
Date of Receipt MM / DD / YYYY
07 / 16 / 2008
Transaction ID: SA11AI.4935
Amount of Each Receipt this Period 30.00
individual contribution

SUBTOTAL of Receipts This Page (optional) ► 230.00
TOTAL This Period (last page this line number only) ►

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 / 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.	Full Name (Last, First, Middle Initial) Todd Yacovone		Date of Receipt	
	Mailing Address 5573 Richmond Road		M M / D D / Y Y Y Y 08 / 06 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4936
	Warsaw	VA	22572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		40.00	
Name of Employer Warsaw Healthcare Center		Occupation Administrator		individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 430.00		

B.	Full Name (Last, First, Middle Initial) Todd Yacovone		Date of Receipt	
	Mailing Address 5573 Richmond Road		M M / D D / Y Y Y Y 08 / 29 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4937
	Warsaw	VA	22572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		80.00	
Name of Employer Warsaw Healthcare Center		Occupation Administrator		individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 510.00		

C.	Full Name (Last, First, Middle Initial) Todd Yacovone		Date of Receipt	
	Mailing Address 5573 Richmond Road		M M / D D / Y Y Y Y 09 / 09 / 2008	
	City	State	Zip Code	Transaction ID: SA11AI.4938
	Warsaw	VA	22572	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		60.00	
Name of Employer Warsaw Healthcare Center		Occupation Administrator		individual contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 570.00		

SUBTOTAL of Receipts This Page (optional)	▶	180.00
TOTAL This Period (last page this line number only)	▶	

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 26

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.

Full Name (Last, First, Middle Initial)
Todd Yacovone

Mailing Address 5573 Richmond Road

City State Zip Code
Warsaw VA 22572

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Warsaw Healthcare Center Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 650.00

Date of Receipt

M M / D D / Y Y Y Y
09 / 19 / 2008

Transaction ID: SA11AI.4939

Amount of Each Receipt this Period

80.00

individual contribution

B.

Full Name (Last, First, Middle Initial)
Greg Yanta

Mailing Address 688 Kingsborough Square

City State Zip Code
Chesapeake VA 23320

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Chesapeake Healthcare Center Administrator

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt

M M / D D / Y Y Y Y
08 / 06 / 2008

Transaction ID: SA11AI.4950

Amount of Each Receipt this Period

300.00

individual contribution

SUBTOTAL of Receipts This Page (optional)

380.00

TOTAL This Period (last page this line number only)

14308.88

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 22 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.	Full Name (Last, First, Middle Initial) BORN FIGHTING PAC	Transaction ID: SB23.4959 Date of Disbursement 07 / 18 / 2008
	Mailing Address 607 14th Street, NW Suite 800	Amount of Each Disbursement this Period 2500.00
	City Washington State DC Zip Code 20005	
	Purpose of Disbursement political contribution	
	Candidate Name BORN FIGHTING PAC	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

B.	Full Name (Last, First, Middle Initial) BRIGHT FOR CONGRESS.COM	Transaction ID: SB23.4952 Date of Disbursement 07 / 18 / 2008
	Mailing Address P.O.Box 2106	Amount of Each Disbursement this Period 1000.00
	City Montgomery State AL Zip Code 36102	
	Purpose of Disbursement political contribution	
	Candidate Name BOBBY NEAL SR BRIGHT	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: AL District: 02	

C.	Full Name (Last, First, Middle Initial) COLEMAN FOR SENATE 08	Transaction ID: SB23.4972 Date of Disbursement 09 / 15 / 2008
	Mailing Address 7300 HUDSON BLVD SUITE 270A	Amount of Each Disbursement this Period 2000.00
	City ST PAUL State MN Zip Code 55128	
	Purpose of Disbursement political contribution	
	Candidate Name NORM COLEMAN	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: MN District: 00	

SUBTOTAL of Disbursements This Page (optional)	5500.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 23 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.	Full Name (Last, First, Middle Initial) CONGRESSIONAL MAJORITY COMMITTEE	Transaction ID: SB23.4981 Date of Disbursement
	Mailing Address P. O. BOX 746	<input type="text" value="08"/> <input type="text" value="01"/> / <input type="text" value="2008"/>
	City Bakersfield State CA Zip Code 93302	Amount of Each Disbursement this Period
	Purpose of Disbursement check voided	<input type="text" value="-1000.00"/>
	Candidate Name CONGRESSIONAL MAJORITY COMMITTEE	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: District:	

B.	Full Name (Last, First, Middle Initial) ELIZABETH DOLE COMMITTEE INC	Transaction ID: SB23.4974 Date of Disbursement
	Mailing Address PO BOX 2918	<input type="text" value="09"/> <input type="text" value="19"/> / <input type="text" value="2008"/>
	City RALEIGH State NC Zip Code 27602	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="1500.00"/>
	Candidate Name ELIZABETH DOLE	Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NC District: 00	

C.	Full Name (Last, First, Middle Initial) FRIENDS OF DAN MAFFEI	Transaction ID: SB23.4955 Date of Disbursement
	Mailing Address PO Box 74	<input type="text" value="07"/> <input type="text" value="18"/> / <input type="text" value="2008"/>
	City Syracuse State NY Zip Code 13214	Amount of Each Disbursement this Period
	Purpose of Disbursement political contribution	<input type="text" value="1000.00"/>
	Candidate Name DANIEL B MR. MAFFEI	Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: NY District: 25	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 24 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

<p>A. Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN</p> <p>Mailing Address PO Box 12567</p> <p>City Columbia State SC Zip Code 29211</p> <p>Purpose of Disbursement check voided</p> <p>Candidate Name FRIENDS OF JIM CLYBURN</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4982</p> <p>Date of Disbursement 08 / 01 / 2008</p> <p>Amount of Each Disbursement this Period -1000.00</p>
<p>B. Full Name (Last, First, Middle Initial) MINNESOTA-COLEMAN VICTORY COMMITTEE</p> <p>Mailing Address 7315 Wisconsin Avenue Suite 705 East</p> <p>City Bethesda State MD Zip Code 20814</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: 00</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4964</p> <p>Date of Disbursement 08 / 28 / 2008</p> <p>Amount of Each Disbursement this Period 1000.00</p>
<p>C. Full Name (Last, First, Middle Initial) PEOPLE FOR ENGLISH</p> <p>Mailing Address PO BOX 1940</p> <p>City ERIE State PA Zip Code 16507</p> <p>Purpose of Disbursement political contribution</p> <p>Candidate Name PHILIP S. ENGLISH</p> <p>Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 03</p> <p>Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB23.4970</p> <p>Date of Disbursement 09 / 15 / 2008</p> <p>Amount of Each Disbursement this Period 500.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

500.00

TOTAL This Period (last page this line number only) ▶

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A. Full Name (Last, First, Middle Initial) SENATE MAJORITY FUND <hr/> Mailing Address P.O. Box 32025 <hr/> City Phoenix State AZ Zip Code 85064 <hr/> Purpose of Disbursement political contribution Candidate Name SENATE MAJORITY FUND Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4977 Date of Disbursement M M / D D / Y Y Y Y 09 / 19 / 2008
	Amount of Each Disbursement this Period 3500.00
	Category/Type
	Disbursement For: 2008

B. Full Name (Last, First, Middle Initial) TEAM SUNUNU <hr/> Mailing Address PO BOX 500 <hr/> City RYE State NH Zip Code 03870 <hr/> Purpose of Disbursement political contribution Candidate Name JOHN E SUNUNU Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NH District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4973 Date of Disbursement M M / D D / Y Y Y Y 09 / 15 / 2008
	Amount of Each Disbursement this Period 2000.00
	Category/Type
	Disbursement For: 2008

C. Full Name (Last, First, Middle Initial) UDALL FOR US ALL <hr/> Mailing Address 3311 CANDELARIA NE SUITE A <hr/> City ALBUQUERQUE State NM Zip Code 87107 <hr/> Purpose of Disbursement political contribution Candidate Name TOM UDALL Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 00 Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4961 Date of Disbursement M M / D D / Y Y Y Y 08 / 07 / 2008
	Amount of Each Disbursement this Period 1000.00
	Category/Type
	Disbursement For: 2008

SUBTOTAL of Disbursements This Page (optional) ▶	6500.00
TOTAL This Period (last page this line number only) ▶	[]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 26 / 26

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
MEDICAL FACILITIES OF AMERICA INC PAC

A.

Full Name (Last, First, Middle Initial)
WICKER FOR SENATE

Transaction ID: SB23.4967

Date of Disbursement

Mailing Address PO BOX 64

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	9		2	0	0	8

City JACKSON State MS Zip Code 39205

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
political contribution

--

Category/
Type

Candidate Name
ROGER F WICKER

Office Sought: House
 Senate
 President
State: MS District: 00

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶

1000.00

TOTAL This Period (last page this line number only) ▶

15000.00
